ubmit's Copies Appropriate	State of New Mexico Energ linerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088			Form C-103 Revised 1-1-89 WELL API NO. 30-025-28083			
District Office DISTRICT I 20. Box 1980, Hobbs, NM 88240							
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of		FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Ga			
SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease Name or Unit Agreement Name STATE "AJ"		
. Type of Well: OIL. GAS WELL WELL	]	OTHER SWD					
Name of Operator			8. Well No. #1				
AILIANCE CORPORATION 3. Address of Operator				9. Pool name or Wildcat			
	Lovington	New Mexico	68260-0564	Dev	vonian		
I. Well Location				0 5.45	- ሙ- ፑልናጥ	Lin	
Unit LetterG : 231	0 Feet From	The <b>NORTH</b>	Line and]	U Feet From	n Ine <u>DAOI</u>		
Section 33	Township	185 Ra	nge <u>36E</u>	NMPM	LEA	County	
	10. 1	Elevation (Show whether 3806 Gi					
	//////		Nature of Notice, I	Report or Othe	r Data		
			SU	BSEQUENT F	REPORT OF:		
					ALTERING CASING	Г	
	PLUG AN		REMEDIAL WORK			Г	
	CHANGE	PLANS			PLUG AND ABAND		
			CASING TEST AND			-	
DTHER:			OTHER:				
12 Describe Proposed or Completed Op work) SEE RULE 1103. Between 16 J drilled out was cased wi 12,090'. Fr it's origina regualar aci battery and coated tubin a detailed s Subsequent w	uly and 2 to it's o th 17# ar om 30 Jul 1 TD to 1 d. Opera disposal g string ummary of ork is do	24 July the original TD nd 20# 5-1/2 ly to 8 Augu 12,393' and ations were installatic was prepare f the work p etailed on a	State "AJ" of 12,153'. " N-80 casim ist, the well treated with then shut do on were const ed for instat performed up a separate C	1 was re- On 27 Jul ng to a dep was deepen 15,000 ga own while tructed and llation. to 24 Aug	entered and ly the well oth of ened from al. of 15% the tank d a plastic Attached is		
I hereby certify that the information above to SIGNATURE	anor		President		DATE 28 02		
TYPE OK PRINT NAME D.M. Har	rod				TELEPHONE NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(This space for State Use)					UC.	T 30'9	

DISTRICT I SUF

\_\_\_\_ DATE \_\_\_

APPROVED BY		13	<u> </u>	
APTROVED B1				
	-	4.61	n.	r.

CONDITIONS OF APPROVAL, P ANY:

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